| | | - | 147 |
|--|--|--|--|
| . ARI | IZONA STATE B | OARD OF HEALTH | State File No |
| | BUREAU OF VI | ral statistics | Registered No. |
| PLACE OF BIRTH | STANDARD CERTI | FIGATE OF BIRTH | regustered No |
| ounty Gila | | State dezor | - |
| | | or Village | |
| listrict or Township | ************** | or Amage | |
| sity The sity | No (If birth occu | rred in a hospital or institution, | St., Ward give its NAME instead of street and number) |
| Full name of child Haun | Hausin | 91. | { If child is not yet named, make supplemental report, as directed. |
| | 4. Twin, triplet or other | 6. Legitimate? | A SUPPLIES TO SUPP |
| in event of plural | - | 2 1 1 1 7 | 1. Date of birth 0 4. 18 1929 |
| | 5. No., in order of birth | 1 1 | Month Day Year |
| . FATHER | | 14. | MOTHER |
| ull name Hally IValues | | Full maiden name Bessis mumfold. | |
| Residence | ? | 15 Residence | e e d. |
| (Usual place of abode) | 0.1: | (Usual place of abode) | 7 |
| If non-resident, give place and state. | eou _ | If non-resident, give pi | ace and state. |
|). Color or race | | 16 Color or race | |
| 11. Age at last bir | rthday 26 (Years) | w. | 17. Age at last birthday (Years) |
| 2. Birthplace (city or place). England | | 18. Birthplace (city or place) Augoria | |
| | | | |
| 8. Occupation | | 19. Occupation | ousewiff. |
| Nature of industry | | Nature of industry | 0 |
| • | •. | | |
|). Number of children of this mother | | 10 110 W 1111118 | 21. Were precautions taken against oph- |
| Taken as of time of birth of child herein rtified and including this child.) | (b) Born alive bu | ut now dead | Y. |
| CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE | | | |
| hereby certify that I attended the birth of th | is child, who was | Bora dive on stillborg.) | m. on the date above stated |
| * When there was no attending physician | Signature | 1 1 1 2 - | mach |
| or midwife, then the father, householder, etc., should make this return. A stillborn | Signature. | T in the | · See La |
| thild is one that neither breathes nor shows other evidence of life after birth. | ************************************** | ······································ | (Physician or midwife). |
| iven name added from | Address | | A MAGNAGE OF MINEMENT |
| supplemental report Month, day, year | | | 1-111 |
| *************************************** | Filed | 209 129 G | 1 & Waghton miles |
| Registrar | | | Registrar |
| | Stages _ 1 | 18 m 244 | \mathcal{L}_{i} |
| | er Edmind | | |